

TOWER CRANE (FOR CRANE OPERATORS)

“WEEKLY and MONTHLY INSPECTION”

Crane Lessee/Owner: _____

Project: _____

Site Address: _____

Crane Make: _____ Model: _____ Serial #: _____

● = Approved and in *good* working order X = Found faulty (notify supervisor immediately and document findings) N/A = Not applicable to this item (details required under remarks)

WEEK 1 INSPECTION: Date Inspected: _____

- 1 Trolley rollers, tracks, slewing rings, and rollers
- 2 Sheaves, brushings, and pins
- 3 Jib backstops (boom stop) if applicable (luffing only)
- 4 Boom hoist brake (luffing only)
- 5 Guy ropes, pendant lines, cable clips, thimbles, and ferrules
- 6 All rope attachments (dead end)
- 7 Inspect load line, trolley line, and boom hoist rope, if applicable
- 8 Tie-ins to slabs or other bracing systems if used
- 9 Machine is properly lubricated and oil reservoirs checked
- 10 Inspection of all drive components
- 11 Counterweight supports and brackets are secure
- 12 Anchor bolts/pins
- 13 Tower bolts/pins
- 14 Track level, parallel
- 15 Supervisor notified of defects or faults
- 16 Operator to initial weekly

WEEK 2 INSPECTION: Date Inspected: _____

- 1 Trolley rollers, tracks, slewing rings, and rollers
- 2 Sheaves, brushings, and pins
- 3 Jib backstops (boom stop) if applicable (luffing only)
- 4 Boom hoist brake (luffing only)
- 5 Guy ropes, pendant lines, cable clips, thimbles, and ferrules
- 6 All rope attachments (dead end)
- 7 Inspect load line, trolley line, and boom hoist rope, if applicable
- 8 Tie-ins to slabs or other bracing systems if used
- 9 Machine is properly lubricated and oil reservoirs checked
- 10 Inspection of all drive components
- 11 Counterweight supports and brackets are secure
- 12 Anchor bolts/pins
- 13 Tower bolts/pins
- 14 Track level, parallel
- 15 Supervisor notified of defects or faults
- 16 Operator to initial weekly

WEEK 3 INSPECTION: Date Inspected: _____

- 1 Trolley rollers, tracks, slewing rings, and rollers
- 2 Sheaves, brushings, and pins
- 3 Jib backstops (boom stop) if applicable (luffing only)
- 4 Boom hoist brake (luffing only)
- 5 Guy ropes, pendant lines, cable clips, thimbles, and ferrules
- 6 All rope attachments (dead end)

- 7 Inspect load line, trolley line, and boom hoist rope, if applicable
- 8 Tie-ins to slabs or other bracing systems if used
- 9 Machine is properly lubricated and oil reservoirs checked
- 10 Inspection of all drive components
- 11 Counterweight supports and brackets are secure
- 12 Anchor bolts/pins
- 13 Tower bolts/pins
- 14 Track level, parallel
- 15 Supervisor notified of defects or faults
- 16 Operator to initial weekly

WEEK 4 INSPECTION: Date Inspected:_____

- 1 Trolley rollers, tracks, slewing rings, and rollers
- 2 Sheaves, brushings, and pins
- 3 Jib backstops (boom stop) if applicable (luffing only)
- 4 Boom hoist brake (luffing only)
- 5 Guy ropes, pendant lines, cable clips, thimbles, and ferrules
- 6 All rope attachments (dead end)
- 7 Inspect load line, trolley line, and boom hoist rope, if applicable
- 8 Tie-ins to slabs or other bracing systems if used
- 9 Machine is properly lubricated and oil reservoirs checked
- 10 Inspection of all drive components
- 11 Counterweight supports and brackets are secure
- 12 Anchor bolts/pins
- 13 Tower bolts/pins
- 14 Track level, parallel
- 15 Supervisor notified of defects or faults
- 16 Operator to initial weekly

MONTHLY INSPECTION: Date Inspected:_____

- 1 Bogie wear (travelling cranes)
- 2 All belts for tension, alignment, and signs of chaffing
- 3 All brakes for adjustment and wear
- 4 Load line path: drums, sheave wear, bearings, and mounts
- 5 Trolley line path: drums, sheave wear, bearings, and mounts
- 6 Fire extinguisher
- 7 Windows and guards (visibility)
- 8 Heater
- 9 Cab supports
- 10 Pendant line connections
- 11 Supervisor notified of defects or faults
- 12 Operator to initial monthly

Remarks:_____

Weekly Supervisor and Operator signatures indicating inspections have been completed.

Operator's Signature: _____

Operator's Name: _____ Certificate No. _____

Supervisor's Signature: _____

Supervisor's Name: _____